



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER
Stephanie Muth

<Enter name>
<Enter Address>
<Enter City, ST Zip>

A Central Registry check on:

Full Name: [REDACTED]

Date of Birth: 03/28/1970

Social Security Number: [REDACTED]

Person ID: 104452465

was completed on 02/01/2024 and is valid as of this date only. As required by the Texas Family Code (TFC), §261.002, the Department of Family and Protective Services maintains a central registry of reported cases of child abuse and neglect. The Child Protective Services Central Registry consists only of information gathered during investigations of child abuse and neglect in cases which were given a disposition of "reason to believe", and the person had a role of designated perpetrator or sustained perpetrator. The search is conducted on request and the results are provided to the requester.

The Central Registry check shows that you are:

☒

not listed in the Central Registry.

☐

involved in an open child abuse or neglect investigation being conducted by Department of Family and Protective Services. You may request a new Central Registry check at the conclusion of the investigation to determine if you have been listed as a sustained perpetrator or designated perpetrator. The open case is described below

Program

Case ID

☐

involved in an open child Alternative Response being conducted by Department of Family and Protective Services. You may request a new Central Registry check at the conclusion of the case to determine if you have been listed as a sustained perpetrator or designated perpetrator in an investigation. The open case is described below

Program

Case ID

☐

listed as a sustained perpetrator of child abuse/neglect in the following case:

Program

Case ID

☐

listed as a designated perpetrator of child abuse/neglect in the following case:

Program

Case ID

A designated perpetrator may have the right to an administrative review of the finding in the case. A request for administrative review must be made in writing within 15 days of receipt of this letter, and must include the Program and Case ID's listed above. Send the request for administrative review to:

Department of Family and Protective Services

<Enter name of person designated by region>

<Enter Address>

<Enter City, State, Zip>

<Enter telephone number>

<Enter mail code>